## Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.ustreas.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

0/13	Employer's Annual Tax Return for Agricultural Employees			OMB No. 1545-0035	
Form <b>7+J</b> Department of the Treasury Internal Revenue Service	► See	e separate instructions for in	formation on completin	ng this return.	2000
Enter your	_			G	T FF
name, address,	l Name (as distinguis	hed from trade name)	Calendar year		FD FP
employer identification number,	Trade name, if any		Employer identifica	ation number	1
and calendar					Т
year of return.	Address and ZIP co	ode			ress is different
				check	orior return, here ▶
		uture, check here			▶
		employed in the pay period		12, 2000	
2 Total wages su	bject to social secu	rity taxes (see instructions)	) 2		
3 Social security	taxes (multiply line	2 by 12.4% (.124)) axes (see instructions) .		3	
4 Total wages su	bject to Medicare to	axes (see instructions) .	4	5	
5 Medicare taxes	(multiply line 4 by	2.9% (.029))		6	
<b>6</b> Federal income	e tax withheid (see i	nstructions) d lines 3, 5, and 6)		7	
		ons)		· · · · · · <del>                          </del>	
9 Total taxes (line	2 7 as adjusted by I	ine 8)		· · · · · · <del>- · -</del>	
		C) payments, if any (see ins			
		e 9)			
		overpayment applied from		12	
13 Balance due (s	subtract line 12 fron	line 11). See instructions		▶ 13	
		h line 11, enter here ►\$		f to be: Applied to next	return or Refunded
		), do not complete line 15			
Monthly schedule	denositors: Com	omplete Form 943-A and object her	check here		
15 Monthly Summ	ery of Fodoral Tay	olete line 15 and check her Liability. Do not complete if		v cahadula danasitar	
Deposit period ending	Tax liability for mont		Tax liability for month	Deposit period ending	Tax liability for month
	Tax liability for filorit	<b>-</b>		1	
A January 31		F June 30		K November 30	
B February 29 . C March 31		G July 31		L December 31	
<b>D</b> April 30		I September 30		M Total liability for year (add lines A	
E May 31		J October 31		through L)	
Under penalt	ue, correct, and complete	Print	3 1 3 3		e best of my knowledge an  Date ▶
For Privacy Act and P	aperwork Reduction	Act Notice, see page 3 of se	eparate instructions.	Cat. No. 11252K	Form <b>943</b> (2000
		DETAC	CH HERE		
Form 943-\ Department of the Treasury Internal Revenue Service		Form 943 Pay  Use this voucher when maki		return.	2000
Do not send cash ar	nd do not staple your	payment to this voucher. Make "Form 943", and "2000" on you	e your check or money ord		ates Treasury". Be sure
Enter the amount of are making		Enter the first four letters of your figure partnership or corporation)	. ,	a Your employer ident	ification number
\$				:	
Instructions for Box 2 —Individuals (sole propestates) - Enter the firs	rietors, trusts, and	4 Enter your business name (indi	vidual name for sole proprie	tors)	
last name.	crour rectors or your	Enter your address			
—Corporations and partirest four characters of (omit "The" if followed word).	your business name	Enter your city, state, and ZIP	code		